

FILED  
ENTERED  
SERVED ON  
COUNSEL/PARTIES OF RECORD

MAR 04 2019	
"NO COPY"	
CLERK US DISTRICT COURT	
DISTRICT OF NEVADA	
BY:	
	DEPUTY

## IN THE UNITED STATES DISTRICT COURT

## FOR THE DISTRICT OF NEVADA

UNITED STATES OF AMERICA,

Plaintiff, ) In Equity No. C-125-ECR  
                ) Subfile No. C-125-B

WALKER RIVER PAJUTE TRIBE,

Plaintiff-Intervenor, ) NOTICE OF CHANGE OF  
                            ) OWNERSHIP OF WATER RIGHT

v.

WALKER RIVER IRRIGATION DISTRICT, )  
a corporation, et al., )

Defendants. )

The undersigned counter-defendant in the above action hereby notifies the Court and the United States that the undersigned (or the entity on whose behalf the undersigned is acting) has sold or otherwise conveyed ownership of all or a portion of a water right within one or more of the categories set forth in Paragraph 3 of the Case Management Order and provides the following information:

(1.) The name and address of the party or parties who sold or otherwise conveyed ownership:

Name(s).

Dennis VanSlyoc

Street or P.O. Box

115019 Hwy 395CITY: Topaz, CALIFZIP CODE

2

3

(2.) The name and address of each person or entity who acquired ownership

4

5

Name(s) See attached paper

6

7

Street or P.O. Box: Same as above

8

9

Town/City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

10

11

12

13

(3.) Attached to or included with this notice is a copy of the (check appropriate box(es)):

14

Deed

15

Court Order

16

Other Document. Death certificate

17

18

by which the change in ownership was accomplished.

19

20

(4.) The undersigned acknowledges that any person or entity who files a Notice of Change of Ownership of Water Right using this form is ultimately responsible for the accuracy of this filing. Consequently, the undersigned acknowledges that any person or entity who files

21

22

23

24

25

26

27

28

SIGNATURE: Christine Van Slyc

This notice shall be sent to the following two persons:

1. Linda Lea Sharer, Chief Deputy Clerk  
United States District Court for the District of Nevada  
400 South Virginia Street, Suite 301  
Reno, NV 89501

And

2. Susan L. Schneider  
United States Department of Justice  
999 18th Street  
South Terrace - Suite 370  
Denver, CO 80202

such a notice, but retains such water rights, shall nevertheless, be bound by the results of this  
litigation. Dennis Howard VanSycoc  
passed away

Executed this \_\_\_\_\_ day of January 2018.

Christine VanSycoc [signature of counter-defendant]

Christine VanSycoc [name of counter-defendant]

[signature, if applicable, of person acting on  
behalf of counter-defendant]

[name, if applicable, of person acting on  
behalf of counter-defendant]

7269 E. Alluvial Ave

[address]

{City, State,  
Zipcode}

(559) 322-6447

{telephone number}  
Prefix included

Executor of Dennis Howard VanSyoc's  
Estate : Christine Lynn VanSyoc

List of all new owners :

1. Christine VanSyoc  
7269 E. Alluvial Ave  
Clovis, CA 93619
2. BRYAN LEE VANSYOC  
7269 E. Alluvial Ave  
Clovis, Calif. 93619
3. ANTHONY WADE VANSYOC  
7269 E. Alluvial Ave  
Clovis, CA 93619
4. BRENT ERIC BERRY  
921 S. BEACH BLVD.  
#130  
ANAHEIM, CA 92804

INCORPORATED UNDER THE LAWS OF THE STATE OF NEVADA, JANUARY 6, 1926.

SHARES

NUMBER

379

# Antelope Valley Mutual Water Company

CAPITAL 14,643 SHARES WITHOUT NOMINAL OR PAR VALUE.

This is to Certify that Richard Michael Mastrian and Martin Harvey Mastrian

is the owner of

one Shares of the Capital Stock of  
the corporation in person, or by attorney, and the surrender of this certificate

Antelope Valley Mutual Water Company, transferable only on the books of the corporation, without priority,  
properly endorsed. No transfer will be made unless all assessments have been paid.

Each share of stock shall be entitled to receive its proportional share of all of the waters and water rights owned by the corporation, without priority, Waters to receive a flow of approximately .0159 cubic feet per second of the waters of the West Walker River, if and when the same are available. Each share of stock shall be entitled to receive its proportional share of the capital stock of this corporation, and such stock and water rights there-under shall be distributed, supplied and delivered only to the owners of the capital stock of this corporation in that certain cause entitled, appurtenant to those certain lands described in that certain decree of the United States District Court for the District of Nevada in that certain cause entitled, "Pacific Live Stock Company (a corporation), (substituted as complainant, in the place and stead of Miller & Lur, a corporation) Complaint, vs. Thomas B. Rickett, et al., Original Defendants, Antelope Valley Lands & Cattle Company (a corporation) et al., Substituted Defendants, Harriett Estate, et al., Intervening Defendants", No. 731, at pages 43, 44, 45, 46 and the first three items on the top of page 47 of said decree; said lands being situate in Antelope Valley, Mono County, California. Also, other lands now owned by the Antelope Valley Land & Cattle Company, comprising about 1346.63 acres, situate in Douglas County, Nevada; said lands being fully described in the By-Laws of the corporation, certified copies of which are recorded in the County of Mono, State of California, and in the County of Douglas, State of Nevada.

The shares of stock herein evidenced and of this corporation shall be appurtenant to any of the said lands. The shares of stock shall not, however, be located on any particular lot or subdivision of said lands. The shares shall not however be appurtenant to any other lands, except those described in said decree, and described in the By-Laws of the Corporation.

The shareholder shall be entitled also to that proportion of any flood waters which may be diverted by the corporation as the number of shares held by him bear to the total issued shares of the company.  
IN WITNESS WHEREOF, this corporation has caused this certificate to be executed by its duly authorized officers and the corporate seal of the company to be hereunto affixed.

July 9, 2002

Dean Chehane

PRESIDENT

Book Secretary

SALE OF CAPITAL STOCK AGREEMENT

This agreement is to certify that Richard Michael Mastrian and Martin Harvey Mastrian <sup>sc 11</sup> ~~sale~~ one share of the Capital Stock of Antelope Valley Mutual Water Company to

Dennis Vail 940c

for a considerable amount of money. Dennis Vail 940c

is to pay Antelope Valley Mutual Water Company any ~~outstanding~~ administrative fees that are due on the share of stock.

Martin Harvey Mastrian Date \_\_\_\_\_

Richard Michael Mastrian Date \_\_\_\_\_

BARRUS AND ROBERTS, P.C.  
375 WOODWORTH AVE., SUITE 103  
COURTS BLDG.  
ATTORNEY FOR (Name): CHRISTINE LYNN VAN SYOC

SUPERIOR COURT OF CALIFORNIA, COUNTY OF MONO  
STREET ADDRESS: 100 THOMPSONS WAY  
MAILING ADDRESS: P. O. BOX 1037  
CITY AND ZIP CODE: MAMMOTH LAKES, CA 93546  
BRANCH NAME: SOUTH COUNTY BRANCH

ESTATE OF (Name): DENNIS HOWARD VAN SYOC

**FILED**

JUN 28 2018

SUPERIOR COURT OF CALIFORNIA  
COUNTY OF MONO

*[Signature]*

DECEDENT

CASE NUMBER:

PR 182007

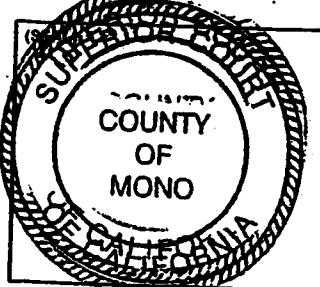
LETTERS

OF ADMINISTRATION  
 TESTAMENTARY  
 SPECIAL ADMINISTRATION  
OF ADMINISTRATION WITH WILL ANNEXED

LETTERS

1.  The last will of the decedent named above having been proved, the court appoints (name):
  - a.  executor.
  - b.  administrator with will annexed.
2.  The court appoints (name): CHRISTINE LYNN VAN SYOC
  - a.  administrator of the decedent's estate.
  - b.  special administrator of decedent's estate
    - (1)  with the special powers specified in the Order for Probate.
    - (2)  with the powers of a general administrator.
    - (3)  letters will expire on (date):
3.  The personal representative is authorized to administer the estate under the Independent Administration of Estates Act  with full authority  
 with limited authority (no authority, without court supervision, to (1) sell or exchange real property or (2) grant an option to purchase real property or (3) borrow money with the loan secured by an encumbrance upon real property).
4.  The personal representative is not authorized to take possession of money or any other property without a specific court order.

WITNESS, clerk of the court, with seal of the court affixed.



Date:

HECTOR GONZALEZ, JR.

Clerk, by

*Hector Gonzalez Jr.*  
(DEPUTY)

AFFIRMATION

1.  PUBLIC ADMINISTRATOR: No affirmation required (Prob. Code, § 7621(c)).
2.  INDIVIDUAL: I solemnly affirm that I will perform the duties of personal representative according to law.
3.  INSTITUTIONAL FIDUCIARY (name):

I solemnly affirm that the institution will perform the duties of personal representative according to law. I make this affirmation for myself as an individual and on behalf of the institution as an officer.  
(Name and title):

4. Executed on (date): *4/9/18*

at (place):

, California.

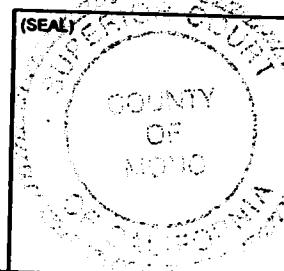
*Christine Lynn Van Syoc*

(SIGNATURE)

CHRISTINE LYNN VAN SYOC

CERTIFICATION

I certify that this document is a correct copy of the original on file in my office and the letters issued the personal representative appointed above have not been revoked, annulled, or set aside, and are still in full force and effect.



Date:

7-2-18

Clerk, by

*Hector Gonzalez Jr.*  
(DEPUTY)

## STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD  
OFFICE OF RECORDER  
COUNTY OF MONO  
BRIDGEPORT, CALIFORNIA

Case 3:73-cv-00127-MMD-WGC Document 2434 Filed 03/04/19 Page 8 of 9

3052018011750		CERTIFICATE OF DEATH		3201826000004					
STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY. NO ERASURES, WHITESOUTS OR ALTERATIONS USPS FEE: \$0.30		LOCAL REGISTRATION NUMBER					
1. NAME OF DECEDENT - FIRST (Given) <b>DENNIS</b> <small>AKA ALSO KNOWN AS - Include 1st &amp; MIDDLE, LAST:</small>		2. MIDDLE <b>HOWARD</b>		3. LAST (Family) <b>VANSYOC</b>					
				4. DATE OF BIRTH (mm/dd/yyyy) <b>10/23/1944</b>	5. AGE YRS <b>73</b>	6. IF UNDER ONE YEAR <input type="checkbox"/> MONTHS: <b>0</b> <input type="checkbox"/> DAYS: <b>0</b>	7. IF UNDER 24 HOURS <input type="checkbox"/> HOURS: <b>0</b> <input type="checkbox"/> MINUTES: <b>0</b>	8. SEX <b>M</b>	
9. BIRTH STATE/FOREIGN COUNTRY <b>IA</b>		10. SOCIAL SECURITY NUMBER <b>567-60-6375</b>		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> USA		12. MARRITAL STATUS/SPouse's Name & Date <b>DIVORCED</b>		13. DATE OF DEATH (mm/dd/yyyy) <b>01/06/2018</b>	14. HOUR (24 Hours) <b>FND</b>
								15. IF DECEDENT'S RACE - UP TO 3 RACES MAY BE LISTED (See Worksheet or back)	
16. EDUCATION - Highest Level Degree <small>HS GRADUATE</small>		17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED <b>LABORER</b>		18. KIND OF BUSINESS OR INDUSTRY (e.g. doctor, store, gas station, labor, employment agency, etc.) <b>UTILITIES</b>				19. YEARS IN OCCUPATION <b>UNK</b>	
20. DECEDEDENT'S RESIDENCE (Street and number or location) <b>115017 HWY 395</b>									
21. CITY <b>COLEVILLE</b>		22. COUNTY/PROVINCE <b>MONO</b>		23. ZIP CODE <b>96107</b>	24. YEARS IN COUNTY <b>10</b>	25. STATE/FOREIGN COUNTRY <b>CA</b>			
26. INFORMANT'S NAME, RELATIONSHIP <b>JUDITH VANSYOC, SISTER IN LAW</b>				27. INFORMANT'S MAILING ADDRESS (Street and number or route value, number, city or town, state and zip) <b>7269 E. ALLUVIAL AVE, CLOVIS, CA 93619</b>					
28. NAME OF SURVIVING SPOUSE (SPD� - FIRST) <b>-</b>		29. MIDDLE <b>-</b>		30. LAST (BIRTH NAME) <b>-</b>					
31. NAME OF FATHER/PARENT - FIRST <b>HOWARD</b>		32. MIDDLE <b>BRYAN</b>		33. LAST <b>VANSYOC</b>		34. BIRTH STATE <b>IA</b>			
35. NAME OF MOTHER/PARENT - FIRST <b>MARIE</b>		36. MIDDLE <b>ANTOINETTE</b>		37. LAST (BIRTH NAME) <b>GENDRON</b>		38. BIRTH STATE <b>CANADA</b>			
39. DISPOSITION DATE (mm/dd/yyyy) <b>01/19/2018</b>		40. PLACE OF FINAL DISPOSITION <b>BELMONT CEMETERY 14977 210TH AVE, MILO, IA 50166</b>							
41. TYPE OF DISPOSITION(S) <b>CR/TR/BU</b>		42. SIGNATURE OF EMBALMER <b>► NOT EMBALMED</b>				43. LICENSE NUMBER <b>-</b>			
44. NAME OF FUNERAL ESTABLISHMENT <b>BRUNE MORTUARY</b>		45. LICENSE NUMBER <b>FD-192</b>	46. SIGNATURE OF LOCAL REGISTRAR <b>► SANDRA PEARCE, LOCAL REGISTRAR</b>				47. DATE (mm/dd/yyyy) <b>01/19/2018</b>		
101. PLACE OF DEATH <b>RESIDENCE</b>		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DSA <input type="checkbox"/> Mat. <input type="checkbox"/> Nursing <input type="checkbox"/> Home <input type="checkbox"/> Other		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Mat. <input type="checkbox"/> Nursing <input type="checkbox"/> Home <input type="checkbox"/> Other					
104. COUNTY <b>MONO</b>		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) <b>115017 HWY 395</b>				106. CITY <b>COLEVILLE</b>			
107. CAUSE OF DEATH <small>Draw the chain of events -- disease, trauma, complications -- that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE</small>		108. IMMEDIATE CAUSE <small>Final disease or condition resulting in death</small>		109. SEQUENTIAL CAUSES <small>Subsequent conditions, if any, leading to cause of death. List A. Enter UNDERLYING CAUSE first. Enter other causes or injuries that preceded the events resulting in death. List B.</small>		110. TIME OF DEATH <small>Exact time of death Initial and Final (AM) MIN</small>			111. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO  <small>DEATH NUMBER 18-011-02M</small>
		(A) <b>CARDIOPULMONARY ARREST</b>		(B) <b>CORONARY ARTERY DISEASE</b>		112. YEARS <small>Initial and Final (AM) MIN</small>			113. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
		(C) <b>ATRIAL FIBRILLATION</b>				114. YEARS <small>Initial and Final (AM) MIN</small>			115. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
									116. USED IN DETERMINED CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO
117. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 <b>CEREBROVASCULAR ACCIDENT UNKNOWN ETIOLOGY, RENAL FAILURE, SYSTOLIC HEART FAILURE</b>									
118. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? If Yes, 118. Type of operation and date: <b>NO</b>									119. IF FEMALE, PREGNANT # LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK
120. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED <small>At the hour, date and place stated from the causes stated</small>		121. SIGNATURE AND TITLE OF CERTIFIER <small>Decedent Attended Since Decedent Last Seen Alive</small>				122. LICENSE NUMBER <small>1010001008762966*</small>	123. DATE (mm/dd/yyyy) <small>Initial and Final (AM) MIN</small>		
124. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Person <input type="checkbox"/> Investigator <input type="checkbox"/> Death certificate determined <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk						125. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Unk	126. INJURY DATE (mm/dd/yyyy) <small>Initial and Final (AM) MIN</small>		
127. PLACE OF INJURY (e.g. home, construction site, wooded area, etc.)						128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER <b>PHILLIP WEST, CHIEF DEP CORONER</b>			
129. SIGNATURE OF CORONER / DEPUTY CORONER <b>PHILLIP WEST</b>		130. DATE (mm/dd/yyyy) <b>01/10/2018</b>							
131. STATE REGISTRAR <b>A B C D E</b>						132. FAX AUTH. # <small>010001008762966*</small>			
						133. CENSUS TRACT			

*Shannon Kendall*CERTIFIED COPY OF VITAL RECORDS  
STATE OF CALIFORNIA, COUNTY OF MONOThis is a true and exact reproduction of the document officially registered  
and placed on file in the office of the Mono County Recorder.

\* 0 0 0 0 1 9 2 8 0 \*

DATE ISSUED

*January 22, 2018* BOB MUSIL, MONO COUNTY CLERK-RECORDER

THIS COPY IS NOT VALID UNLESS PREPARED ON AN ENGRAVED BORDER, DISPLAYING THE DATE, SEAL AND SIGNATURE OF THE RECORDER.

PCWCO FORM 1275

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



CHIEF DEPUTY  
PROSECUTOR  
HOBY E. ALVAREZ  
COURT, CA 93619

FRESNO CA 932

FRI 01 MAR 2019 PM

HONDA LEE SHARER CHIEF DEPUTY CLE  
United States District Court for Nev.  
400 SOUTHERN VIRGINIA STREET SUITE 2  
RENO NEVADA 89501